

Alexandra Friz afriz@visadoctors.com

July 3, 2018

National Records Center (NRC) FOIA/PA Office P.O. Box 648010 Lee's Summit, MO 64064-8010

Re:

Freedom of Information Act Request
Subject of Record: ROMINOV INVESTMENT SERVICES, INC.

Federal Employer Identification Number: 27-4702492

Dear Sir/Madam:

Please be advised that our office represents ROMINOV INVESTMENT SERVICES, INC. in this matter. Pursuant to the Freedom of Information Act, we are hereby requesting a copy of the complete file, any and all documents, including any/all annotations of administrative site visits performed by USCIS/FDNS- Orlando/Jacksonville on or about August 8, 2016 and February 17, 2017, and any other visits or attempts to visit related to **ROMINOV INVESTMENT SERVICES, INC.**

We understand the evidence we are requesting may incur in some expenses, which we agree to pay up to \$25.00 in copy costs if necessary.

Enclosed please find the following documentation for your review:

- Form G-28, Notice of Entry of Appearance as Attorney or Representative; and
- Authorization For Release of Information signed by Ms. Nina Valentina Ivanoff de Romer, Administrative Manager of ROMINOV INVESTMENT SERVICES, INC

Thank you in advance for your assistance with this matter.

Sincerely,

Alexandra Friz, Esq.

901 Ponce De Leon Blvd., Suite 601, Coral Gables, FL 33134 Tel: (305) 446-1151 / Fax: (305) 441-8148

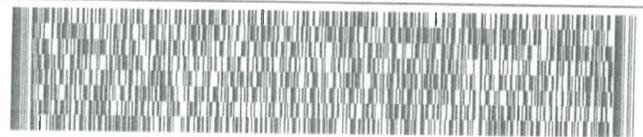


Notice of Entry of Appearance as Attorney or Accredited Representative

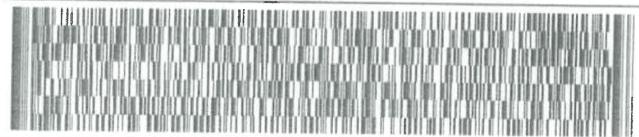
Department of Homeland Security

D148
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

| 3.g. Postn) Code 3.h. Country USA 4. Daytime Telephone Number 3054461151 5. Fax Number 3054418148 6. L-Mail Address (if any) afrit@visadoctors, cone Respondent (ICE, CBP) Information About Applicant, Petitioner, Requestor, or Respondent Sut, Family Name (Last Name) IVANOFF Sut, Family Name (Last Name) First Name (First Name) Respondent (ICE, CBP) Resp | Part 1. Infor Accredited R | pout Attorney or Part 2. Notice of Appearance as ive Accredited Representative | Attorney or |
|--|-------------------------------|---|------------------------|
| Representative 2.a. Family Name (dust Name) 2.b. Given Name (FF12) 2.b. Given Name (FF14) 3.c. Middle Name 3.a. Street Number and Name 3.b. Apr. X Stee Fb. 601 3.c. City or Town Coral Gables 4. Select only one box: Applicant X Pectitioner Requesting Name (Last Name) | USCIS ELI | - consequence of the control of the | itters before |
| Class Name FF12 Color Name Color Nam | | torney or Accredited | |
| 2.b. Given Name ################################### | s. Family Nuc | ALL IMMIGRATION MATTERS | |
| 2.c. Middle Name 3.n. Street Number and Name 3.b. Apt. X Ste. Fib. 601 3.b. Apt. Ste. Fib. 601 3.c. City or Town 3.c. City or Town 3.c. ZiP Code 33134 3.f. Province 4. Select only one box: Applicant X Petitioner Request of Respondent (ICE, CBP) 3.h. Country USA 4. Daytime Telephone Number 3054461151 5. Fax Number 3054418148 6. I-Mail Address (if one) Affix Province 6. Name of Company or Organization (if application of application of application of application of application of application (if application of | b. Given Name | IDRA | 7 |
| and Name 3.b. Apt. X Ste. Fls. 601 3.b. List the specific matter in which appearance 3.c. City or Town Coral Gables 1 enter my appearance as attorney or accredited register the request of: 4. Select only one box: Applicant X Petitioner Request 3.b. List the specific matter in which appearance 3.c. City or Town Coral Gables 1 enter my appearance as attorney or accredited register the request of: 4. Select only one box: Applicant X Petitioner Request 3.c. Country USA 4. Daytime Telephone Number 3054461151 5. Fax Number 3054418148 5. Given Name (First Name) 5. Given Name (First Name) 5. Middle Name 6. L-Mail Address (if am) 5. Name of Company or Organization (if application) 6. Name of Company or Organization (if application) | r. Middle Nam | ты ве вресии намен прр | mance is emerce |
| 3.c. City or Town Coral Gables Lenter my appearance as attorney or accredited replaced for the request of: 3.f. Province Applicant Petitioner Request 3.g. Postal Code Respondent (ICE, CBP) 3.h. Country USA Information About Applicant, Petitioner, Requestor, or Respondent 4. Daytime Telephone Number S.B. Family Name IVANOFF 5. Fax Number S.B. Given Name Respondent 6. Family Name Respondent Respondent 6. Family Name Respondent 6. Fax Number S.B. Given Name 7. Fax Number Requestor, or Respondent 8. Family Name Respondent 8 | | Conce De Leon Blvd J.m. CBP | _ |
| Select only one box; Applicant Request of: | b. Am. [X] Si | 3.b. List the specific matter in which appe | salance is entered |
| 3.d. State 3.e. ZIP Code 13134 the request of: 3.f. Province 4. Select only one box: | . City or Town | | |
| 3.f. Province 3.g. Postal Code 3.g. Postal Code 1 Respondent (ICE, CBP) 3.h. Country USA 4. Daytime Telephone Number 3054461151 5. Fax Number 3054418148 6. 1-Mail Address (if am) attriction of the stress and the stress a | I. State | Code 33134 Tenter my appearance as attorney or accred | ited representative at |
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| 3.h. Country USA Information About Applicant, Petitioner, Requestor, or Respondent 5.u. Family Name (Last Name) 5.b. Given Name (First Name) 3054418148 6. L-Mail Address (if one) afrit@visadoctors,com 6. Name of Company or Organization (if application) | Postal Code | | Requestor |
| 6. U-Mail Address (if any) A Company or Organization til application of Company or Organization til application and application of Company or Organization til application of Company or Organization of Orga | Country | | |
| 5. Fax Number 5. Fax Number 5. Fax Number 5. Fax Number 6. U-Mail Address (if am) afritPvisadorters, cons 5. National State Family Name (Last Name) 5. Given Name (First Name) 6. Name of Company or Organization (if applice) | USA | | ioner, |
| 5. b. Given Name 3054418148 6. L-Mail Address (if one) alrel 2 Pvi and or term, core 5.b. Given Name (First Name) Name 6. Name of Company or Organization (if applied) | / | 5.8. Family Name [TARROCCE | E21172551 (21) |
| 6. U-Mail Address (if am) afrit@visadosters, com 6. Name of Company or Organization til applica | Fax Number | 5.h. Given Name Larray | 1 |
| 6. 1-Mail Address (if em) afrit@visadosters.com 6. Name of Company or Organization til opplice | 305441814 | Trust (talk) | L |
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| TOM TROUT THOSE PRINTED IN COLUMN | afrit#vin | E078 | |
| Mobile Telephone Number (if any) | Mobile Teleph | (if uny) | 519 |
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| Part 2. Notice of Appearance as Attorney or Accredited Representative (continued) | | | Pa | Part 3. Eligibility Information for Attorney or Accredited Representative | |
|--|--|---|------|---|--|
| | questor, or R USCIS ELIS | cout Applicant, Petitioner, Eespondent (continued) Account Number (if any) tion Number (A-Number) or Receipt Number | | The second of the following states, possessions, territories commonwealths, or the District of Columbia. (If you need additional space, use Part 6.) | |
| 9, 10, | Daytime Telep | phone Number | 1.b. | Licensing Authority Florida Supreme Court Bur Number (if applicable) 0111496 | |
| | | | | Name of Law Firm Fonte Immigration Firm, F.L. I tehnose one: am not am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restmining, or otherwise | |
| NOT reque addre | stor, or respond so of the attorne s as the safe ma | mailing address of the applicant, petitioner, lent. Do not provide the business mailing by or accredited representative unless it lling address on the application, petition, or | 2.a. | restricting me in the practice of law. If you are subject to may orders, explain in the space below. Iff you need additional space, use Part 6.) 1 pm an accredited representative of the following | |
| 12.b. | Zu. Street Number 1448 S Alataya Trail 2.b. Apt S Ste. Fla. 9 2.c. City or Town Orderedo | | | qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation. | |
| 12.d. : | State 61 | 0r1ando 12.c. ZIP Code 32828 | | Name of Recognized Organization | |
| | Province Postel Code | | 2.c. | Date accreditation expires (mm/dd/yyyy) > | |
| T T | Country | | | | |



Part 3. Eligibility Information for Attorney or if you do not want to receive original notices or secure identity documents directly, but would rather have such Accredited Representative (continued) notices and documents sent to your attorney of record or am associated with accredited representative, please select all amplicable boxes below: the attorney or accredited representative of record request DHS send any notice (including Form 1-94) who previously filed Form G-28 in this case, and my on an application, petition, or request to the U.S. appearance as an attorney or accredited representative business address of my attorney of record or is at his or her request. accredited representative as listed in this form. I understand that I may change this election at any NOTE: If you select this item, also complete Item future date through written notice to DHS. Numbers I.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate). 2.h. Trequest that DHS send any secure identity document. such as a Permanent Resident Card. Employment 4.a. I am a law student or law graduate working under the Authorization Document, or Travel Document, that I am direct supervision of the attorney or accredited approved to receive and authorized to possess, to the representative of record on this form in accordance U.S. business address of my attorney of record or with the requirements in 8 CFR 292.1(a)(2)(iv). accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a 4.b. Name of Law Student or Law Graduate foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any Part 4. Applicant, Petitioner, Requestor, or secure identity document to me directly. Respondent Consent to Representation, Contact 3.a. Signature of Applicant, Petitioner, Requestor, or Information, and Signature Respondent Consent to Representation and Release of Information I have requested the representation of and consented to 3.b. Date of Signature (mm/dd/yyyy)₽ being represented by the attorney or accredited representative named in Part 1, of this form. According Part 5. Signature of Attorney or Accredited to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited Representative representative of any record pertaining to me that appears I have read and understand the regulations and conditions in any system of records of USCIS, ICE or CBP. contained in 8 CFR 103.2 and 292 governing appearances and When you (the applicant, petitioner, requestor, or representation before the Department of Homeland Security, respondent) are represented. DHS will send notices to both I declare under penalty of perjury under the laws of the United you and your attorney or accredited representative either States that the information I have provided on this form is true through mail or electronic delivery. and correct. DHS will also send the Form 1-94, Arrival Departure Signature of Attorney Accredited Representative Record, to you unless you select Item Number 2.n. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, Signature of Law Student of Law Graduate 2. requestor, or respondent) at your U.S. mailing address unless you ask us to send your secure identity documents to your attorney of record or accredited representative. Date of Signature imm/dd

| Part 6. Additional Information | |
|---|--|
| Use the space provided below to provide additional information pertaining to Part 3., Item Numbers I.a I.d. or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under Part 4.) | |
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, Nina Valentina Ivanoff de Romer, Administrative Manager of ROMINOV INVESTMENT SERVICES, INC, hereby authorize the U.S. Citizenship and Immigration Services, to release any and all information and records related ROMINOV INVESTMENT SERVICES, INC. to:

Individual/Agency: Alexendra Friz, Esq.

FONTE IMMIGRATION FIRM, P.L.

Address:

Date:

901 Ponce de Leon Blvd, Suite 601

Coral Gables, FL 33134

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person names above, and I understand that any talsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5.U.S.C. 522a(i)(3) by a fine of not more than \$5.000.

Signature: Jalk W. .

Nina Valentina Ivanoff de Romer. Administrative Manager